

PI 00000086232

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 21 PM 2:15

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Beach Tropics Motel, inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: John C McDonald.
Name (Printed or typed)
501 N. HWY A1A.
Address
INDIALANTIC, FL, 32903.
City, State & Zip
321 9840516.
Daytime Telephone number
ourbubby@earthlink.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



501 HIGHWAY N. A1A
INDIALANTIC, FLORIDA 32903
(407) 984-0518

10.15.10:

Ref: Beach Tropics Motel, inc Document #S99198

I release the name for the enclosed corporation. I don't intend to reinstate this corporation.

Attached is new entity & corporation.

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John C McDonald
John C McDonald.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Beach Tropics Motel Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Beach Tropics Motel
501 N HWY A1A,
Indialantic, Florida, 32903

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John C McDonald
Address: 501 N HWY A1A,
Indialantic,
Florida, 32903

Name and Title: John C McDonald, President
Address: 501 N HWY A1A
INDIALANTIC FL 32903

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

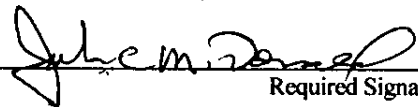
Name: John C McDonald
Address: 501 N HWY A1A,
Indialantic, Florida, 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John C McDonald
Address: 501 N HWY A1A,
Indilorida, 32903

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

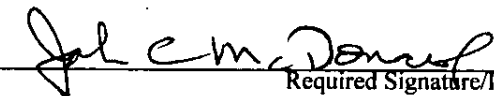


Required Signature/Registered Agent

10-15-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10-15-10

Date

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